

UB-04 Overview

ICN 006926

What is the UB-04?

The UB-04, also known as the Form CMS-1450, is the uniform institutional provider hardcopy claim form suitable for use in billing multiple third party payers. Unique to Medicare is that the Administrative Simplification Compliance Act (ASCA) prohibits payment of services or supplies for initial claims that a provider did not bill electronically.

The UB-04 is the only hardcopy claim form that the Centers for Medicare & Medicaid Services (CMS) accepts from institutional providers (e.g., hospitals, Skilled Nursing Facilities, Home Health Agencies, etc.) which meet the ASCA exceptions or which have been granted a waiver.

To learn more about the ASCA, visit http://www.cms.gov/ElectronicBillingEDITrans/01_Overview.asp and select one of the Administrative Simplification Compliance Act options in the left menu.

Background

The National Uniform Billing Committee (NUBC) is responsible for the design and printing of the UB-04 form. The NUBC is a voluntary, multidisciplinary committee that develops data elements for claims and claim-related transactions, and is composed of all major national provider and payer organizations (including Medicare).

The 837 Institutional electronic claim format is the electronic version of the form and is in use by providers who submit claims electronically.

Visit Chapter 25 of the *Medicare Claims Processing Manual*, Internet-Only Manual Publication (IOM Pub) 100-04 at <http://www.cms.gov/manuals/downloads/clm104c25.pdf> to learn more about the UB-04.

Additional information is available to subscribers of the *Official UB-04 Data Specifications Manual*. Visit the NUBC website at <http://www.nubc.org> to subscribe.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



Here are a few details about the UB-04:

- All payers will not require the use of the same UB-04 data elements. Check with each payer to determine individual requirements.
- A provider filing a UB-04 should retain the copy designated "Institution Copy" and submit the remaining copies to its Fiscal Intermediary (FI), Medicare Administrative Contractor (MAC), Regional Home Health and Hospice Intermediary (RHHI), managed care plan, or other insurer.
- Instructions for completing inpatient and outpatient claims are the same unless otherwise noted.
- If a provider omits any required data, the FI/MAC will either ask for the missing data or obtain the data from other sources. The FI/MAC will maintain the data on its history record.
- Data elements in the CMS uniform electronic billing specifications are consistent with the UB-04 data set to the extent that one processing system can handle both. The definitions are identical, although in some situations, the electronic record contains more characters than the corresponding item on the form because constraints on the form size are not applicable to the electronic record. Further, the revenue coding system is the same for both the UB-04 and the electronic specifications.



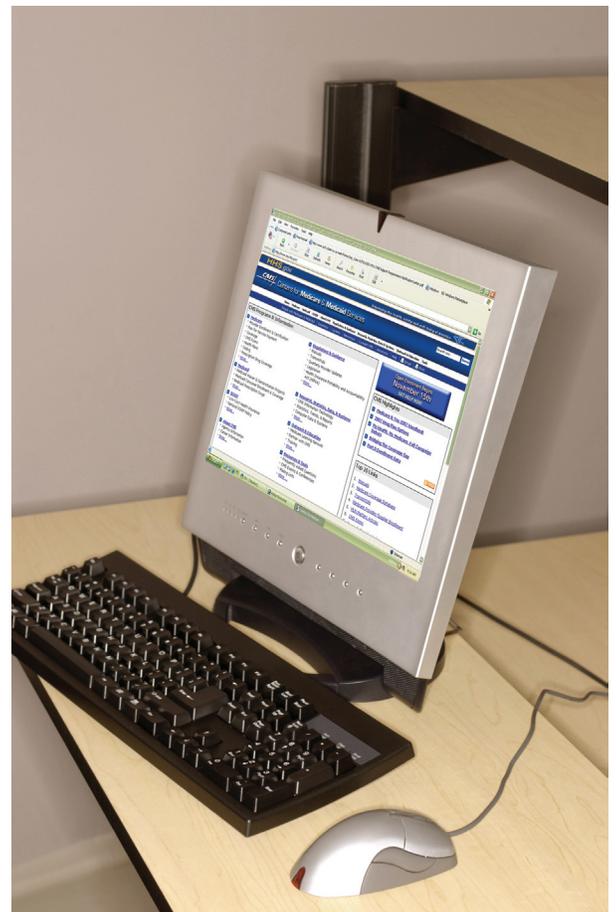
UB-04 Data Elements

The following table shows data requirements for the UB-04. Each line contains a Form Locator (FL) and its requirement. A narrative description is used to label the FL. A "Line" field is used so that you will know which line to use to record the information. For example, a provider should enter its provider name on line 1 in FL 1. It should enter its street address on line 2 in FL 1. The "Type" field identifies if the data elements are alphabetic characters or numeric characters. Here is how to interpret this field:

- A = Alphabetic character
- N = Numeric character
- AN = Alphanumeric character

The "Size" field lets you know how many characters are allowed within the field. For example, line 1 of FL 1 will allow a provider to enter up to 25 alphanumeric characters whereas line 1 of FL 5 only allows a provider to enter 4 alphanumeric characters.

Some FLs have multiple type and size requirements. For example, FL 6 - Statement Covers Period - From/Through features a N/N type and a 6/6 size. In this field, a provider is allowed to enter 6 numeric characters for the "from" date and 6 numeric characters for the "through" date.



UB-04 Data Elements

FL	Requirement	Description	Line	Type	Size
1	Required by Medicare	Billing Provider Name	1	AN	25
	Required by Medicare	Billing Provider Street Address	2	AN	25
	Required by Medicare	Billing Provider City, State, ZIP	3	AN	25
	Required by Medicare	Billing Provider Telephone, Fax, Country Code	4	AN	25
2	May be required by another payer when applicable / not required by Medicare	Billing Provider's Designated Pay-to Name	1	AN	25
	May be required by another payer when applicable / not required by Medicare	Billing Provider's Designated Pay-to Address	2	AN	25
	May be required by another payer when applicable / not required by Medicare	Billing Provider's Designated Pay-to City, State	3	AN	25
	May be required by another payer when applicable / not required by Medicare	Billing Provider's Designated Pay-to ID	4	AN	25
3a	Required by Medicare	Patient Control Number	1	AN	24
3b	May be required by another payer when applicable / not required by Medicare	Medical/Health Record Number	2	AN	24
4	Required by Medicare	Type of Bill (TOB)	1	AN	4
5	Required by Medicare	Federal Tax Number	1	AN	4
	Required by Medicare	Federal Tax Number	2	AN	10
6	Required by Medicare	Statement Covers Period - From/Through	1	N/N	6/6
7	Field not used	Unlabeled	1	AN	7
	Field not used	Unlabeled	2	AN	8
8a	Required by Medicare	Patient Name/ID	1	AN	19
8b	Required by Medicare	Patient Name	2	AN	29
9a	Required by Medicare	Patient Address - Street	1	AN	40
9b	Required by Medicare	Patient Address - City	2	AN	30
9c	Required by Medicare	Patient Address - State	2	AN	2
9d	Required by Medicare	Patient Address - ZIP	2	AN	9
9e	May be required by another payer when applicable / not required by Medicare	Patient Address - Country Code	2	AN	3
10	Required by Medicare	Patient Birthdate	1	N	8
11	Required by Medicare	Patient Sex	1	AN	1
12	Required for Types of Bill 011X, 012X, 018X, 021X, 022X, 032X, 033X, 041X, 081X, or 082X	Admission/Start of Care Date	1	N	6
13	May be required by another payer when applicable / not required by Medicare	Admission Hour	1	AN	2
14	Required for Types of Bill 011X, 012X, 018X, 021X, and 041X	Priority (Type) of Admission or Visit	1	AN	1

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FL	Requirement	Description	Line	Type	Size
15	Required by Medicare	Point of Origin for Admission or Visit	1	AN	1
16	May be required by another payer when applicable / not required by Medicare	Discharge Hour	1	AN	2
17	Required for Types of Bill 011X, 012X, 013X, 014X, 018X, 021X, 022X, 023X, 032X, 033X, 034X, 041X, 071X, 073X, 074X, 075X, 076X, 081X, 082X, or 085X	Patient Discharge Status	1	AN	2
18-28	Required if applicable	Condition Codes		AN	2
29	May be required by another payer when applicable / not required by Medicare	Accident State		AN	2
30	Field not used	Unlabeled	1	AN	12
	Field not used	Unlabeled	2	AN	13
31-34	Required if applicable	Occurrence Code/Date	a	AN/N	2/6
	Required if applicable	Occurrence Code/Date	b	AN/N	2/6
35-36	Required if applicable	Occurrence Span Code/From/Through	a	AN/N/N	2/6/6
	Required if applicable	Occurrence Span Code/From/Through	b	AN/N/N	2/6/6
37	Field not used	Unlabeled	a	AN	8
	Field not used	Unlabeled	b	AN	8
38	May be required by another payer when applicable / not required by Medicare	Responsible Party Name/Address	1	AN	40
	May be required by another payer when applicable / not required by Medicare	Responsible Party Name/Address	2	AN	40
	May be required by another payer when applicable / not required by Medicare	Responsible Party Name/Address	3	AN	40
	May be required by another payer when applicable / not required by Medicare	Responsible Party Name/Address	4	AN	40
	May be required by another payer when applicable / not required by Medicare	Responsible Party Name/Address	5	AN	40
39-41	Required if applicable	Value Code	a-d	AN	2
	Required if applicable	Value Code Amount	a-d	N	9
42	Required by Medicare	Revenue Codes	1-23	N	4
43	May be required by another payer when applicable / not required by Medicare	Revenue Code Description/Investigational Device Exemption (IDE) Number/Medicaid Drug Rebate	1-23	AN	24
44	Required if applicable	Healthcare Common Procedure Coding System (HCPCS)/Accommodation Rates/Health Insurance Prospective Payment System (HIPPS) Rate Codes	1-23	AN	14
45	Required if applicable	Service Dates	1-23	N	6
46	Required if applicable	Service Units	1-23	N	7
47	Required by Medicare	Total Charges	1-23	N	9

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FL	Requirement	Description	Line	Type	Size
48	Required if applicable	Non-Covered Charges	1-23	N	9
49	Field not used	Unlabeled	1-23	AN	2
		Page _ of _ Creation Date _	23	N/N	3/3
50	Required by Medicare	Payer Identification - Primary	A	AN	23
	Required by Medicare	Payer Identification - Secondary	B	AN	23
	Required by Medicare	Payer Identification - Tertiary	C	AN	23
51	Required by Medicare	Health Plan ID	A	AN	15
	Required if applicable	Health Plan ID	B	AN	15
	Required if applicable	Health Plan ID	C	AN	15
52	Required by Medicare	Release of Information - Primary	A	AN	1
	Required by Medicare	Release of Information - Secondary	B	AN	1
	Required by Medicare	Release of Information - Tertiary	C	AN	1
53	May be required by another payer when applicable / not required by Medicare	Assignment of Benefits - Primary	A	AN	1
	May be required by another payer when applicable / not required by Medicare	Assignment of Benefits - Secondary	B	AN	1
	May be required by another payer when applicable / not required by Medicare	Assignment of Benefits - Tertiary	C	AN	1
54	Required if applicable	Prior Payments - Primary	A	N	10
	Required if applicable	Prior Payments - Secondary	B	N	10
	Required if applicable	Prior Payments - Tertiary	C	N	10
55	May be required by another payer when applicable / not required by Medicare	Estimated Amount Due - Primary	A	N	10
	May be required by another payer when applicable / not required by Medicare	Estimated Amount Due - Secondary	B	N	10
	May be required by another payer when applicable / not required by Medicare	Estimated Amount Due - Tertiary	C	N	10
56	Required by Medicare	National Provider Identifier (NPI) - Billing Provider	1	AN	15
57	Required if applicable	Other Provider ID	A	AN	15
	Required if applicable	Other Provider ID	B	AN	15
	Required if applicable	Other Provider ID	C	AN	15
58	Required by Medicare	Insured's Name - Primary	A	AN	25
	Required by Medicare	Insured's Name - Secondary	B	AN	25
	Required by Medicare	Insured's Name - Tertiary	C	AN	25
59	Required if applicable	Patient's Relationship - Primary	A	AN	2
	Required if applicable	Patient's Relationship - Secondary	B	AN	2
	Required if applicable	Patient's Relationship - Tertiary	C	AN	2
60	Required by Medicare	Insured's Unique ID - Primary	A	AN	20
	Required by Medicare	Insured's Unique ID - Secondary	B	AN	20
	Required by Medicare	Insured's Unique ID - Tertiary	C	AN	20

UB-04 Data Elements

FL	Requirement	Description	Line	Type	Size
61	Required if applicable	Insurance Group Name - Primary	A	AN	14
	Required if applicable	Insurance Group Name - Secondary	B	AN	14
	Required if applicable	Insurance Group Name - Tertiary	C	AN	14
62	Required if applicable	Insurance Group No. - Primary	A	AN	17
	Required if applicable	Insurance Group No. - Secondary	B	AN	17
	Required if applicable	Insurance Group No. - Tertiary	C	AN	17
63	Required if applicable	Treatment Authorization Code - Primary	A	AN	30
	Required if applicable	Treatment Authorization Code - Secondary	B	AN	30
	Required if applicable	Treatment Authorization Code - Tertiary	C	AN	30
64	Required if applicable	Document Control Number (DCN)	A	AN	26
	Required if applicable	Document Control Number (DCN)	B	AN	26
	Required if applicable	Document Control Number (DCN)	C	AN	26
65	Required if applicable	Employer Name (of the insured) - Primary	A	AN	25
	Required if applicable	Employer Name (of the insured) - Secondary	B	AN	25
	Required if applicable	Employer Name (of the insured) - Tertiary	C	AN	25
66	Required by Medicare	Diagnosis and Procedure Code Qualifier (International Classification of Diseases [ICD] Version Indicator)	1	AN	1
67	Required for Types of Bill 011X, 012X, 013X, 014X, and 021X	Principal Diagnosis Code and Present on Admission (POA) Indicator	1	AN	8
67A-Q	Required if applicable	Other Diagnosis and POA Indicator	A-Q	AN	8
68	Field not used	Unlabeled	1	AN	8
	Field not used	Unlabeled	2	AN	9
69	Required for Types of Bill 011X, 012X, 021X, and 022X	Admitting Diagnosis Code	1	AN	7
70a	Required if applicable	Patient Reason for Visit Code	1	AN	7
70b	Required if applicable	Patient Reason for Visit Code	1	AN	7
70c	Required if applicable	Patient Reason for Visit Code	1	AN	7
71	May be required by another payer when applicable / not required by Medicare	Prospective Payment System (PPS) Code	1	AN	3
72a	May be required by another payer when applicable / not required by Medicare	External Cause of Injury Code and POA Indicator	1	AN	8
72b	May be required by another payer when applicable / not required by Medicare	External Cause of Injury Code and POA Indicator	1	AN	8
72c	May be required by another payer when applicable / not required by Medicare	External Cause of Injury Code and POA Indicator	1	AN	8
73	Field not used	Unlabeled	1	AN	9
74	Required if applicable	Principal Procedure Code/Date	1	N/N	7/6

UB-04 Data Elements

FL	Requirement	Description	Line	Type	Size
74a	Required if applicable	Other Procedure Code/Date	1	N/N	7/6
74b	Required if applicable	Other Procedure Code/Date	1	N/N	7/6
74c	Required if applicable	Other Procedure Code/Date	2	N/N	7/6
74d	Required if applicable	Other Procedure Code/Date	2	N/N	7/6
74e	Required if applicable	Other Procedure Code/Date	2	N/N	7/6
75	Field not used	Unlabeled	1	AN	3
	Field not used	Unlabeled	2	AN	4
	Field not used	Unlabeled	3	AN	4
	Field not used	Unlabeled	4	AN	4
76	Required if applicable	Attending Provider - NPI/QUAL/ID	1	AN	11/2/9
	Required if applicable	Attending Provider - Last/First	2	AN	16/12
77	Required if applicable	Operating Physician - NPI/QUAL/ID	1	AN	11/2/9
	Required if applicable	Operating Physician - Last/First	2	AN	16/12
78	Required if applicable	Other Provider - QUAL/NPI/QUAL/ID	1	AN	2/11/2/9
	Required if applicable	Other Provider - Last/First	2	AN	16/12
79	Required if applicable	Other Provider - QUAL/NPI/QUAL/ID	1	AN	2/11/2/9
	Required if applicable	Other Provider - Last/First	2	AN	16/12
80	Required if applicable	Remarks	1	AN	21
	Required if applicable	Remarks	2	AN	26
	Required if applicable	Remarks	3	AN	26
	Required if applicable	Remarks	4	AN	26
81	Required if applicable	Code-Code - QUAL/CODE/VALUE	a	AN/AN/ AN	2/10/12
	Required if applicable	Code-Code - QUAL/CODE/VALUE	b	AN/AN/ AN	2/10/12
	Required if applicable	Code-Code - QUAL/CODE/VALUE	c	AN/AN/ AN	2/10/12
	Required if applicable	Code-Code - QUAL/CODE/VALUE	d	AN/AN/ AN	2/10/12

Additional Information

CMS has developed the UB-04 Web-based Training Course with more information on the UB-04 form. To access this course visit <http://www.cms.gov/MLNProducts> and click on Web Based Training Modules in the Related Links Inside CMS section.

If you have questions about the UB-04, please contact your FI, RHHI, or MAC. For contractor contact information, visit <http://www.cms.gov/MLNGenInfo> on the CMS website. Scroll down to find the Provider Call Center Toll-Free Numbers Directory.

For additional UB-04 completion information, visit the *Medicare Claims Processing Manual*, IOM Pub 100-04, Chapter 25, at <http://www.cms.gov/manuals/downloads/clm104c25.pdf> on the CMS website.